

CBHS Provider Meeting Information, Q&A

7/19/2022

MATCH Training:

OCFS is offering a FREE clinical training in the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH) through The Baker Center for Children and Families on July 25, 26, 27, 28, and 29, 2022 from 9:00am - 4:30pm daily. Provider Agencies will be eligible to receive payment for time to offset the cost of sending clinicians to the training and consultation based on the number of hours completed. Registration needs to be in by 7-20-22 before 5pm.

Q: How do we find these trainings to sign up?

A: <https://www.maine.gov/dhhs/ocfs/provider-resources/staff-development-training>

Q: We tried to sign up for MATCH but they are not allowing people with Bachelor's Degrees in you must have a Master's degree. Is there any chance we could get into this as we would like to be in this training?

A: This particular MATCH training is for licensed clinicians as it contains the consultation portion for a clinician to review their clinical work as it relates to the training. There is a different level of MATCH training which we have been exploring for a future option. Thank you for bringing this up.

RUBI Training:

Q: Since there is still capacity to send staff to the free RUBI training that is being offered through OCFS, is there still a limit of sending five (5) staff per agency?

A: No, we will allow more than five per agency, please send as many as you can!

Q: I noticed that RUBI training was recently opened to case managers (TCM and BHH). I am curious about this given the nature of their role?

A: TCM and BHH providers are welcome to train in the model, but all who participate need to ensure that they are practicing within the scope of the policy they are working within. It will provide a deeper understanding the model for referral purposes, but we are also hoping that by training Parent Peers in the model, the modality can be delivered in peer support. Finally, should a trained individual change positions and move to another billable service area, they will have the training and knowledge base. Please reach out to Jessica Wood if you have further questions.

Q: As far as RUBI goes, do you still only want agencies to send people with 1 year or more of experience in the field, or is it that not a priority necessarily with the number of training slots remaining open?

A: Jamie the developer wanted to ensure that for High School graduate BHP level staff, they have at least a year of experience with the skill building instruction with parents. That said, if you have individuals who are approaching a year, please have them apply and we will decide case by case. Thank you!

Q: Can someone put the link for the RUBI training?

A: [Children's Behavioral Health Services Communications | Department of Health and Human Services \(maine.gov\)](#)

BHP Train the Trainer: BHP Training and Certification Team at bhp@woodfords.org

Q: For train the trainer are providers reimbursed for sending their staff to this training?

A: No. Sending staff to the BHP Train the Trainer course is optional for providers.

Suicide Prevention Hotline: 9-8-8

Q: Is this 9-8-8 number available to text as well as call?

A: Yes, it is--texts and chats to 9-8-8 will be handled by the National Lifeline Support Center, while phone calls will be received at the Maine Crisis Line.

Q: Is the new crisis number for child crisis different than the one for adult crisis?

A: 9-8-8 is replacing the National Suicide Prevention Lifeline (1-800-273-8255) and is an alternative to calling 9-1-1 when in behavioral health crisis. The Maine Crisis Line number is still active (1-888-568-1112) and will answer calls to the Maine Crisis Line or 9-8-8.

Q: Will the 9-8-8 number be directed to the local crisis provider and work in the same way as calling the current crisis number works? Can we also access DS crisis services through Office of Aging and Disability services like we can do currently when we call the 1-888 number?

A: Calls to 9-8-8 are triaged, some calls are resolved at the Maine Crisis Line level; but if the Maine Crisis Line feels that a referral to the mobile team is warranted, it will happen--just like it does now. There are no changes in this process--just an easy to remember number that is replacing the National Suicide Prevention Lifeline number.

Q: Thank you for this information. So, if someone calls the 1-888-568-1112 number, this will still get them to the Maine crisis line as well?

A: Yes, it sure will.

MaineCare Policy and Rate Setting:

Q: One of the short-term goals of the previous power point was to amend the definition of Section 28 services. Can you elaborate on what this goal is, where it came from and what it intends to do?

A: The 2018 report recommended that "DHHS should amend the current service definition for Section 28 services to focus exclusively on children with I/DD and/or Autism, where skill-building interventions and Applied Behavioral Analysis (ABA) can be most beneficial." DHHS has held multiple stakeholder meetings, which includes families, to assess changes needed to update the Section 28 policy and associated reimbursement rates to meet the needs of children and families.

Q: (Follow up to previous) How do we get notification of these meetings as we are a provider but have not been notified of such meetings.

A: Please sign up for important announcements from OCFS, OMS and any other State Departments you are interested in receiving via the State Government listserv by going to the OCFS homepage <https://www.maine.gov/dhhs/ocfs> and subscribing to "Email Updates."

Q: What strategies are in play to address the unintended consequences of the Children's Residential rate changes? For example, ID/DD individuals with MH challenges were once able to be placed in MH programs at an enhanced rate, needed to address their clinical needs. Now they may be approved as MH, but the rate paid is actually less than the rate that was paid in the prior rate structure. Also, aftercare requirements are not supported by the rate structure. Any transitional worker would have to bill 23 hours per week in order to have the current financial model to work. This number of billable hours is unachievable.

A: Thank you for your question. We appreciate you bringing this issue up. I think it's something we want to take back and think a bit more about, both for CRCF reimbursement and the Aftercare. I know we are especially interested in hearing about everyone's experience with Aftercare given it's a brand-new service and still within its first year of implementation.

- Emergency rules are at: <https://www.maine.gov/dhhs/oms/about-us/policies-rules/emergency-rules#anchor8218834>
- **Comment from Provider:** I would add that those ID youth in MH programs have historically received additional clinical support, behavioral planning etc. This is a concern for our programs as well related to ID Youth and rates.

Q: I'd be interested to see the financial model used by the Department for the transitional services. Perhaps I'm not using the correct financial model and you have something that would work.

A: You can see all the assumptions used in the development of the rate models at this link: <https://www.burnshealthpolicy.com/wp-content/uploads/2021/08/Appendix-D-Rate-Models-8-6-21-Final.pdf>

Q: I'm familiar with this, but unless I'm missing something the assumption for billable hours is 40 hours (see page 6). With travel time and other nonbillable activity there's no way that a worker can hit 40 hours of billable hours per week. As noted, the rate of reimbursement would require 23 billable hours per week per FTE. Unfortunately, given the structure of the rules, the billable activities are limited, along with the number of youth in aftercare, which is creating a perfect storm. Any billable service must have a financial model tied to it that is viable.

A: Under billable hours, the assumption is actually 31.41. but we can continue to talk about this and look into it.

Q: I was under the impression that the new rates were effective 7/1, however we are billing the new rates and still getting paid the old rate in MaineCare

- **Comment from Provider:** That's concerning. A lot of places are counting on the COLA for relief from years of underfunding.
- **Comment from Provider:** Agreed, also the cost of having to reverse and rebill these claims can be significant to the agencies. It is only Section 65 for us that appears to not be paying the new rates.

A: Please let OMS know if you're not seeing the COLA adjustments in your rates. They should absolutely be live and ready to bill as of 7/1. For info on your provider relations specialist, you can check out the following link

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/PRS-Assignment-List.pdf>

Q: Can you share any progress on the new section of MC for school-based services. How can agencies be involved in the process?

A: I do not have an update on the new school rule to give today. Following the stakeholder sessions, we had in January, we have been working on the feedback received and making revisions. The next steps is there will be rulemaking which will have a public hearing and comment period. Prior to final adoption, the rule is also subject to legislative review next session, so there will be additional opportunities to participate in the rule's process.

Kepro:

Q: How do we set up a utilization review with Kepro and our team?

A: You can reach out for a portal training to our PR team and for a review of the UR process you can reach out to me at kparnell@kepro.com with a couple of days/times that work for your team.

Q: What was the name of the guardian's point of contact at Kepro if parents have questions and what is her contact info?

A: Jenni Davis is the contact for member services and can be reached at 1-866-521-0027 through the Member Services Extension.

Q: Piggy backing off this...would also like to have a better way for the system to allow for transfer of case management agencies. If the prior agency completes referrals, there is currently no way to change that info/communication with the newer provider if from a different agency so makes tracking impossible without repeat calling.

A: At this time, you can enter a new request in the portal. We are also in discussion with the OMS team on how better to support transitions of staff or transitions to a different agency.

Q: Is there certain verbiage Case managers should use if parents/guardians do not want the monthly calls regarding RCS 28 services and the wait list? I have many parents that have their own challenges and struggles and often those barriers get in the way of them calling Kepro back. As a CM it's hard to monitor & track this in Kepro if we don't know when the calls are being made, letters go out, etc. outside of going in every single day to look for an update.

A: When a guardian receives an outreach call, they can decline further outreach calls and request the youth stay on the waitlist until served.

Follow up comment from provider: I also find this to be quite a challenge for many of our families. It is my understanding that the referral source (TCM) is supposed to be contacted by Kepro (via email, I believe) when cases are being closed off the wait list, however I am finding that this is not happening. I have been providing that feedback when I go into Atrezzo to request that the referral not be closed.

Q: Could consideration be given to changing the frequency of the HCT reports (maybe quarterly)? Or another possible way to simplify the administrative burden? It is very time-consuming process for us as a large agency.

A: Thank you for this recommendation. We will take this information back for consideration.

Q: Could you provide some information regarding the questionnaires for Section 28 CSRs? I am wondering about the newer questions about whether guardians are interested in participating in groups.

A: This question was added to explore potential pilot project opportunities, specifically in Region 3. Data continues to be collected as efforts continue to identify agencies in Region 3 who may be able to offer RCS Services group opportunities.

COVID-19 updates:

Q: What is the department's recommendation for masking while with clients?

A: Per Maine CDC Director, "As for mask wearing, Dr. Shah said, 'Those who perceive themselves to be at greater risk because of the subvariants should consider wearing masks at indoor public settings.' He also recommended that Maine people and visitors to the state follow the U.S. CDC's masking guidance based on the risk levels where they are and where they plan to travel."

Follow up to question off-line: Guidance for masking and all other mitigation is available on the Maine CDC website and the US CDC, and should be based on local COVID-19 Community Level which is available at: <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

The Maine CDC website has guidance for Communities, Workplaces and Schools- available here: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/communities-workplaces-schools.shtml#businesses>

CBHS Provider Meeting

Q: Will the slides and a recording be shared afterwards?

A: Yes, the recording will be posted on the OCFS website on the communications page.

Q: Where can we access the various power point presentations?

A: The recording will be posted on the OCFS website on the communications page.

Q: In the emails advertising this "Provider Meeting" the following information was shared: "MEETING CONTENT: This meeting will feature updates from OCFS, MaineCare and Kepro. As always, attendees will have the opportunity to learn, network, and collaborate with peers. " Could you please explain how we are able to network and collaborate with our peers in this meeting format? A meeting typically involves interaction, but the structure of this meeting (and all meetings with CBHS/OCFS now) doesn't allow for us to see who is in attendance or to speak with the presenters and/or one another, making it impossible to "network and collaborate with peers". Has there been any discussion about the disconnect between what is being shared in writing and what we, as community providers, are experiencing in these meetings? We aren't even allowed to add information to the chat for all to see. This seems highly restrictive and the opposite of networking and collaborating.

A: As noted on the agenda, we will open it up for networking and Q/A after the presentations are complete.

Q: What is the current rate for BCBA in section 28?

A: BCBA rate as of 7/1 is \$17.42 per 15 minutes

Q: Where and how do we find Sec. 65 increase for children's outpatient therapy?

A: Please check out our HealthPAS portal and provider fee schedules for info on COLA increases. Just click on the folder for the specific policy and there should be a document you can open that will have the 7/1 rate increases posted:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

Q: What if a parent declines to participate in Aftercare Support Services?

A: Aftercare Support Services are a part of CRCF services and youth/parents/caregivers are expected to participate; however, a parent/caregiver does have the right to decline any service. It is expected that the CRCF provider will:

- Utilize the Aftercare Support Services Informational Sheet with youth and families to help explain the benefits to the parent/caregiver/family at time of referral, intake, admission, and throughout the treatment and discharge process
- Make reasonable efforts to engage the parent/caregiver/family
- Strongly encourage the parent/caregiver/family to participate to help meet the needs of the youth/parent/caregiver/family.

Q: Will there be a certificate for this training? Thanks

A: We will not be issuing certificates for this meeting. You could you use the agenda or the link that was emailed to you as verification you were present? An RC can email these to you if needed.

Resources:

- Other resources for youth experiencing homelessness that are outside of OCFS are The Landing Place in Rockland, Mid Maine Homeless Shelter has a

transitional living program for young adults, and The Northern Lighthouse in Northern Maine now has a 4-bed shelter opening

- Info Sheets- <https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services/resources>

CHAT Responses of Interest:

CRCF Aftercare information can be found at this link:

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/CRCF%20Aftercare%20Services%20FAQ.pdf>

Question re: Interpretation of the Maine Care rules for BCBA units. The way we read it we are limited in how many units we can use per month and how many units per category out of the total for the CSR. Can someone clarify if we can use the units as needed across the CSR and across categories or if we need to limit ourselves to the way the rule is written (e.g., sec. 2 24 units (1 hour per month). I ask because we have been told by other agencies that they don't read it the same way, and I was told by Kepro staff that they assume we will use the total units approved as we see fit across the CSR.

Response from Dean Bugaj, OMS: Providers should look to policy to determine how many units they need, while there are prescribed limits, they are soft limits and providers should be explaining why more units are needed in the authorization process. Once approved, the units should be used according to what is prescribed in the member's treatment plan.